

# State of Washing Ron EIVED Application for a Water Right

For Ecology Use
Fee Paid O

Date Q Q G

Please follow the attached instructions to avoid unnecessary delays.

	ITY OF LA				Home To	el:()_		
Mailing Add	dressP.	O. BOX 3400	)		Work Te	1:(360)	438 - 26	48
CityLAC	EY	Star	te_WA_	Zip+4_98509	+ 3400 FA	AX:(360)	456 -	7799
	2. CON e as abov		ERSO	N TO CALI	ABOUT T	HE APP	LICAT	TION
Name_COR	Y CREBBIN				Home To	el:()_		
					+F	AX:()		
Relationship	to applicar	t WATER RE	ESOURCE	S MANAGER				
								on 2/27/9 to 2250 2/27/96 S
□ cubic fee	et per secon	d) from a $\square$ s	surface w	ater source or	00  ■ ground water  A tax parcel num	source (che	eck only	per minute or one) for the a "legal" er is not sufficient.
Estimate a r	naximum ar	nual quantity	to be us	ed in acre-feet p	per year:	2,022		
need	ded:	ter use is proj		,				
Section  If SURFA	4. WAT	ER SOUR	to _		If GROUNDW. A permit is desir		1	well(s).
Section  If SURFA  Name the lake, etc.  "unnamed	From _  4. WAT  ACE WAT  water sourc  If unnamed stream," et	ER SOUR e and indicate , write "unnare	to  RCE	n, spring,		ed for		well(s).
Section  If SURFA  Name the lake, etc.  "unnamed	From _  4. WAT  ACE WAT  water source If unnamed	ER SOUR e and indicate , write "unnare	to	n, spring,	A permit is desir	ed for		well(s).
Section  If SURFA  Name the lake, etc.  "unnamed  Number of	From _  4. WAT  ACE WAT  water source If unnamed stream," et f diversions	ER SOUR e and indicate , write "unnare	to	m, spring, ng,"	A permit is desir	ed for		well(s).
Section  If SURFA  Name the lake, etc. "unnamed  Number of Source flo	From _  4. WAT  ACE WAT  water source If unnamed stream," et f diversions ws into (name)	ER SOUR e and indicate , write "unnare ne of body of	to	n, spring, ng,"	A permit is desir	ed for well(s):	#7	
Section  If SURFA  Name the lake, etc. "unnamed  Number of Source flood  LOCATION  Enter the	From _  4. WAT  ACE WAT  water source If unnamed stream," et f diversions ws into (name)	ER SOUR  e and indicate , write "unnar  ::  ne of body of  h and east-w	to  RCE  if stream med spring med spring water):  N   rest dista	n, spring, ng,"	A permit is desir  Made  Size & depth of 8-INCH 3	ed for  well(s):  South	#7	well(s).  uln corner- drawal to the of Sec (
Section  If SURFA  Name the lake, etc. "unnamed  Number of Source flood  LOCATION  Enter the	From _  4. WAT  ACE WAT  water source If unnamed stream," et f diversions ws into (name)  ON AMA  north-sout	ER SOUR  e and indicate , write "unnar  ::  ne of body of  h and east-w	to  RCE  if stream med spring med spring water):  N   rest dista	n, spring, ng,"	A permit is desir  Made  Size & depth of 8-INCH 3	ed for	Ouco or with	ulin Corner drawal to the
Section  If SURFA Name the lake, etc. "unnamed Number of Source flo  LOCATIO Enter the nearest se	From _  4. WAT  ACE WAT  water source If unnamed stream," et f diversions ws into (name)  ON AMD  north-soutection corne	ER SOUR  e and indicate , write "unnare  ne of body of  h and east-weer:	to	n, spring, ng, "  Range(E/W)	A permit is desir  Made  Size & depth of 8-INCH 3.	ed for	or with	drawal to the J
Section  If SURFA  Name the lake, etc. "unnamed  Number of Source flood  LOCATION  Enter the nearest second	From _  4. WAT  ACE WAT  water source If unnamed stream," et f diversions ws into (name)  ON AMD  north-soute ection corner  4 of	ER SOUR  ER  e and indicate , write "unnare  ne of body of  h and east-wer:	to	n, spring, ng, "  Range(E/W)	A permit is desir  Made  Size & depth of 8-INCH 3:  on the point of County	ed for	or with	drawal to the J

Appl. No.: 62-29305

**APPLICATION** 

ECY 040-1-14

Rev. 12/94 F

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES □ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

### Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

STEILACOOM RD

SOUTH ON DEERBRUSH DR SE

EAST (L) ON PINEDROP DR SE

EAST (L) ON WIDGEON CT SE (HIKE THROUGH LOTS AT END OF CUL-DE-SAC EAST TO REACH WELL)

### Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

#### Section 11. PROPERTY OWNERSHIP

Landowner for place of use (if same as applicant, write "same")

If no, explain the applicant's interowner(s):	est in the place of use and provide the name(s) and ac	ddress(es) of the
MUNICIPAL WATER SUPPLY		
	· · · · · · · · · · · · · · · · · · ·	
• •	on which the water source is located?	□ YES 🔰 NO
If no, submit a copy of agreement OWNER: HOMEOWNER ASSOCIATION 1868 STATE NE OLYMPIA, WA 98506		
order to process my application, I gran and monitoring purposes. Even though	rue and accurate to the best of my knowledge. I ut staff from the Department of Ecology access to the I may have been assisted in the preparation of the blogy, all responsibility for the accuracy of the info	ne site for inspection e above application by
Court Crelli	155H95	
Applicant (or authorized representative)	Date	

Date

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
Α.	Name of system, if named: CITY OF LACEY
В.	Briefly describe your proposed water system. (See instructions.)  SERVICE AREA INCLUDES THE BULK OF THE UGMA FOR THE CITY OF LACEY. THE SERVICE SYSTEM CURRENTLY SERVES A POPULATION OF 34,000. IT IS PROJECTED THAT THE SERVICE POPULATION WILL BE APPROXIMATELY 40,000 BY THE YEAR 2000.
C.	Do you already have any water rights or claims associated with this property or system?   E YES  NO PROVIDE DOCUMENTATION.
	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
Α.	Number of "connections" requested: 13,000 Type of connection WARTOUS
B.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. WELL IS IN "MEADOWS" WATER SERVICE AREA
Con	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the APPROVAL PENDING Washington State Department of Health?  If yes, when was it approved?  Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  APPROVAL PENDING-DOH HAS REVIEWED YES YES NO Please attach the current approved version of your plan.
Sec (Ca	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
Α.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	UseAcres
•	Use         Acres           Use         Acres           Use         Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li> </ol>
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

. . **/** . . . .

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

3. THIS WELL IS ONE OF TEN INCLUDED IN G2-26623P ISSUED TO THE MEADOWS WATER COMPANY. SOME PORTION OF INSTANTANEOUS AND ANNUAL WITHDRAWALS ALLOCATED BY THAT PERMIT WILL BE INCLUDED IN THE TRANSFER OF THE WELL TO THE CITY OF LACEY. THE WITHDRAWALS REQUESTED HEREIN ARE NOT ADDITIVE TO ANY WITHDRAWALS INCLUDED FROM G2-26623P IN THE PURCHASE AGREEMENT.

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your apple(date).	lication by
Ecology staff Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).